

OMB Control No: 0970-0381
 Expiration Date: 10/31/16

**PERFORMANCE PROGRESS REPORT
 HHS ADMINISTRATION FOR CHILDREN AND FAMILIES**

**State Abstinence Program
 Performance Narrative**

1. Federal Agency and Organization Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency		3a. DUNS Number
				3b. EIN
4. Recipient Organization (Name and complete address including zip code)				5. Recipient Identifying Number or Account Number
6. Project/Grant Period (i.e., 5 years)		7. Budget Period (i.e., 1 year)		8. Final Report ? Yes No
Start Date: <i>(Month, Day, Year)</i>	End Date: <i>(Month, Day, Year)</i>	Start Date: <i>(Month, Day, Year)</i>	End Date: <i>(Month, Day, Year)</i>	9. Report Frequency <i>annual semi-annual quarterly other</i> <i>(If other, describe: _____)</i>
10. Performance Narrative				

11. Other Attachments	
12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.	
12a. Typed or Printed Name and Title of Authorized Certifying Official	12c. Telephone (<i>area code, number and extension</i>)
	12d. Email Address
12b. Signature of Authorized Certifying Official	12e. Date Report Submitted (<i>Month, Day, Year</i>)
13. Agency use only	

**INSTRUCTIONS FOR THE COMPLETION OF
PERFORMANCE PROGRESS REPORT
State Abstinence Education Grant Program
Performance Narrative**

Purpose of Performance Progress Report/Performance Narrative for the State Abstinence Program

U.S. Code 42, section 710 references the application of section 706 of the same code to the abstinence program for States. Section 706 requires block grant recipients to submit reports as directed by HHS.

ACYF/FYSB will use the information collected to collect comparative data required to account for the annual expenditure of \$50 million in Federal funds, assess the progress and impact of ACYF/FYSB's federally funded abstinence programs against ACYF/FYSB's Strategic Plan goals, and provide feedback to assist State grantees.

The data collected also fulfill requirements of OMB for setting of performance targets and assessment and validation of accomplishments.

General Instructions

- Cell 1. Identify the Federal agency and organization element to which the report is submitted.
- Cell 2. Identify the Federal grant number assigned by the Federal agency.
- Cell 3a. Identify the DUNS number of your organization.
- Cell 3b. Identify the EIN of your organization.
- Cell 4. Identify your organization's name and complete address, including zip code.
- Cell 5. Leave this field blank.
- Cell 6. Identify the project period as displayed on the financial assistance award for this grant (i.e., 5 years).
- Cell 7. Identify the budget period as displayed on the financial assistance award for this grant (i.e., 1 year).
- Cell 8. Indicate whether this is a final report for the budget period, such as annual or an intermediate report such as 6-month.
- Cell 9. Indicate the reporting frequency for this grant.
- Cell 10. Record any notes regarding the performance narrative in cell 10.

Attach a performance narrative that addresses the emboldened items described below. Use standard sized paper (8 ½ x 11 inches). Clearly number all pages. Submit the narrative UNSTAPLED AND UNBOUND so that additional copies can be made for review, if necessary.

Target Population(s) and Needs:

Describe the program recipients and the needs of program recipients that were addressed by the State. Describe any additional target populations that were served.

Implementation Plan:

Describe how the State addressed the needs of the target population(s), attaining the purpose set forth in section 510(b) of the Social Security Act. Describe the State's success in implementing its approved implementation plan; including as appropriate the goals, activities, mechanisms, and steps. Include a description of any barriers in meeting the goals and how they were resolved.

Monitoring:

Describe how the State effectively monitored the work of each formal partner,

implemented through sub-awards, to assure program integrity to the proposed plan and the priorities of the State and of ACYF/FYSB.

Budget:

Provide a detailed budget report which clearly demonstrates how the budget, matching funds and sub-awardees' expenditures were used to accomplish the program goals. The budget report should include an account of the full amount of funds reported on the SF-425 as expended. Describe how the budgets of sub-awardees were monitored. Describe how funds were used to support service recipient involvement.

Objective Outcome Measure(s):

Describe the State's progress in reaching annual targets for its approved outcome measure(s). Describe how the State collected and analyzed data relevant to the proposed measure(s).

Objective Output Measures:

Describe the State's progress and any barriers in collecting and reporting data for Table D of Activity Results.

Service Recipient Involvement:

Describe how service recipients were involved in implementing the State proposed plan.

Assurances:

Describe the methods the State will use to ensure:

1. that applicants for sub-awards understand and agree formally to the requirement of programming not to contradict the elements of section 510 (b)(2) A-H elements;
2. that materials used by sub-awardees do not contradict section 510(b)(2) A-H elements; and
3. that curricula and materials be reviewed for medical accuracy and grantees must ensure sub-awardees comply with medical accuracy review requirements.

Training Needs:

Describe training needs of section 510 awardees and any ideas for addressing the needs through annual meetings of State Coordinators or other means.

- Cell 11. Record any notes regarding additional attachments in cell 11. Clearly mark and attach the documents behind the performance narrative.
- Cell 12. Self-explanatory.
- Cell 13. Agency use only.

**INSTRUCTIONS FOR THE COMPLETION OF
PERFORMANCE PROGRESS REPORT
Table D Activity Results**

General Purpose of Table D of Activity Results

U.S. Code 42, section 710 references the application of section 706 of the same code to the abstinence program for States. Section 706 requires block grant recipients to submit reports as directed by HHS.

ACYF/FYSB will use the information collected to collect comparative data required to account for the annual expenditure of \$75 million in Federal funds, assess the progress and impact of ACYF/FYSB's federally funded abstinence programs against ACYF/FYSB's Strategic Plan goals, and provide feedback to assist State grantees.

The data collected also fulfill requirements of OMB for setting of performance targets and assessment and validation of accomplishments.

Section A - Unduplicated Count of Clients Served

Purpose of Section A

The purpose of section A—Unduplicated Count of Clients Served is to track and report the unduplicated number of clients served for each program year. Each client is counted only once.

General Instructions

Section A should be submitted as part of all required reports. Annual reports should provide cumulative data for 12 months.

Complete each cell in section A for an unduplicated number of clients served in all programs funded by the abstinence grant except for media campaigns.

In determining the age of a client, use the age of the client at the first point of contact during the program year.

If a State program has served youth who are younger than 10 during the report period, include that data in rows AP-A-120 (females) or AP-A-221 (males).

If you are helping young adults in making decisions related to abstinence and the young adults happen to be young parents, record these young parents under their ages.

Use the following definitions when determining race:

- **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American** - A person having origins in any of the black racial groups of Africa.
- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Other (not required by OMB)** - A person wishing to identify himself or herself as "other" rather than one of the demographic groups described above.

If your program is implementing a media campaign, report such activities and the numbers served in the narrative of your program progress report.

Section B - Hours of Service Received by Clients

Purpose of Section B

The purpose of section B, Hours of Service Received by Clients, is to track and report the total number of service hours that clients have received during the report period.

For example, a grantee may provide 1,000 ninth grade students with a 20-hour curriculum program while also providing 5,000 other youth with a one-hour event. section B allows the grantee to report these numbers in greater detail, rather than averaging the program hours together. Averaged together, the result would show that 6,000 youth received an average of 4 hours of service, which would not clearly represent the nature of the programs. A more detailed report of the example is captured in the sample table rows below.

Number of Hours Received	By 10-18 year olds
1	5,000
20	1,000
Total 12-18	6,000

General Instructions

Indicate the number of clients, by age group, who received the total number of hours listed for each row.

An hour is equivalent to 60 minutes, and all sessions should be counted only for the actual number of minutes that a youth is served. A session that lasts for 30 minutes should be counted as 30 minutes; 43 minutes should be counted as 43 minutes. The total number of minutes of service that a youth receives must be converted into hours and rounded to the nearest ¼ hour. For example, 343 minutes will equal 5.75 hours.

For clients that receive services from multiple programs, program staff must add together the time received so that only one number of program hours received will be recorded for each client served. For example, if a student participated in 17 hours of a 20-hour curriculum program and also participated in a one-half hour event, the total number of program hours for that student would be 17.5.

For clients that received more than 50 program hours, report their hours in the report form narrative. Do not include any media campaign activities in section B. Rather, report such activities and the numbers served in form the performance progress report.

The total number of clients served in each of the two age group columns should be equal to the unduplicated count of clients served for those age groups in section A, row AP-A-201.

Section C - Program Completion Data

Purpose of Section C

The purpose of Section C, Program Completion Data, is to track and report the number of all clients that complete the various types of program(s) offered.

General Instructions

In each row, choose and report on one type of program offered by the grantee during the program year. A grantee may have several programs such as separate programs for middle school and high school students, events, or training programs, etc., and each row should be devoted to one program type with a distinct number of program hours. For example, if a program offers two after-school abstinence curriculum programs with one totaling 12 hours and the second totaling 24 hours, these should be recorded on separate rows. However, if a

grantee offers three after-school programs that all provide 15 hours of programming, the data for these should be added together and recorded in one row.

In the fourth column, list the total number of hours that are provided by each program type.

In the fifth or sixth column, list the number of clients that completed at least 75 percent of the program above the total number of clients served for each of the age ranges indicated.

The total number of clients served by all programs, if they were to be added together, may be greater than the unduplicated count of all clients, as reported in section A, if clients participated in more than one program.

Grantees with sub-grantees may wish to have each sub-awardee fill out this form separately and then compile the data into one form. In these cases, grantees will likely need to use more than one page.

Section D - Communities Served

Purpose of Section D

The purpose of section D, Communities Served, is to track and report geographical areas in which the grantee has provided services.

General Instructions

Record the geographical areas in which all programs were provided during the budget year by State, county, and city/town.

Optional Narrative

If needed, submit with Performance Progress Report – Table D a narrative that describes any elements related to sections A-D that need to be explained. For example, the narrative may describe:

- clients served through media activities;
- groups that have been combined under “Other” in section A; or
- hours of service received by clients outside the age range of 10-18

Organize the narrative in the order of sections A through D, and use headings to clearly identify which section the narrative is describing.

Requesting Access to the On-Line Data Collection System (OLDC)

The On-Line Data Collection (OLDC) system was designed to allow grantees of the U.S. Department of Health and Human Services to submit grant forms and other data over the Internet.

The Grantees of FYSB's Abstinence Education Grant Program (AEGP) are required to collect and submit data on demographics and other key indicators of programmatic progress and challenges. Grantees must report the following program indicators:

- Major activities and accomplishments during this period
- Description of any challenges
- Significant Observations
- Organizational Issues
- Technical assistance and Training
- Activities planned for next reporting period

FYSB collects OLDC data to:

- Measure the progress of all grantees as well as the program on the national level
- Help FYSB staff determine where to allocate training and technical assistance resources to improve outcomes
- Draft progress reports to Congress
- Create efficiency measures that are incorporated into the annual budget proposed to Congress each year

Grantees are required to submit information to OLDC semi-annually (every 6 months) by logging in at: <https://www.grantsolutions.gov>

If you need to request access to OLDC for yourself or additional staff, please use the OLDC Access Request Form that can be provided by your FYSB Project Officer. Once you submit the form, your Project Officer will complete the request process. New User IDs and passwords are sent via two e-mails from the On-Line_Data_Collection_System@acf.hhs.gov

- First e-mail contains Username and Security Policy
- Second e-mail contains only the OLDC Password

*Please make sure that any spam blockers are not preventing you from receiving your user id and password. Make sure that all emails are being accepted from [On-Line Data Collection System@acf.hhs.gov](mailto:On-Line_Data_Collection_System@acf.hhs.gov)

If either e-mail is not received, please contact the Custom Application Support and Training (CAST) help desk

- Phone: 1-866-577-0771
- E-mail: app_support@acf.hhs.gov or help@grantsolutions.gov

The first time you log into Secure Sign-In, you are asked to change your password for security purposes. Your password must contain 9 characters with a combination of upper and lower case letters and at least one number. The password cannot start with a number; it must start with a letter. Secure Sign-In is the web portal where you will login to access OLDC and it is case sensitive.

You must also enter a Challenge Question and Answer

- Established for security purposes for the life of the OLDC account
- If you forget your password, access the ***Forgot Password?*** link which allows you to answer your own question and have a new password automatically sent to your e-mail
- Choose from a list of questions such as “What is your city of birth?” or “What is your favorite movie?”